

Fill in this information to identify the case:

Debtor name Southern Inyo Healthcare District

United States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA

Case number (if known) 1:16-bk-10015-FEC

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases – SECOND AMENDED

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Glucose Meter/Software**

State the term remaining **2 years**

Abbot Laboratories

Nutrition Division

75 Remittance #1310

Chicago, IL 60675-1310

List the contract number of any government contract

2.2. State what the contract or lease is for and the nature of the debtor's interest **Fire Suppression**

State the term remaining **N/A**

ABC Fire Service

1025 Telegraph Street

Reno, NV 89502

List the contract number of any government contract

2.3. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

Advanced Medical Management

Carissa Jordan-Contract Support

5000 Airport Plaza Drive

Suite 150

Long Beach, CA 90815

List the contract number of any government contract

2.4. State what the contract or lease is for and the nature of the debtor's interest **Workers Compensation Insurance**

State the term remaining **6 months**

Alpha Fund Workers Comp.

P.O. Box 619084

Roseville, CA 95661

List the contract number of any government contract

2.5. State what the contract or **Firewall Protection for Altaware, Inc.**

Official Form 206G **Schedule G: Executory Contracts and Unexpired Leases**

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First Name _____ Middle Name _____ Last Name _____

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

lease is for and the nature of the debtor's interest

Network**26522 La Alameda #180
Mission Viejo, CA 92691**

State the term remaining

List the contract number of any government contract

2.6. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

N/A**ANTHEM BC MCM
PO BOX 60007
LOS ANGELES, CA 90060-0007**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

N/A**Anthem Blue Cross
Attn: Terry Marinas
2121 North California Blvd.
Walnut Creek, CA 94596**

2.8. State what the contract or lease is for and the nature of the debtor's interest

Hazardous Waste Removal

State the term remaining

2 years**ATI
7522 Tyrone Avenue
Van Nuys, CA 91405**

2.9. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

N/A**BC LIFE & HEALTH
PO BOX 60007
CMSP
LOS ANGELES, CA 90060-0007**

2.10. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement**BC SISC III
PO BOX 80308
SALINAS, CA 93912**

State the term remaining

N/A

Debtor 1 Southern Inyo Healthcare District
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Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.1 State what the contract or lease is for and the nature of the debtor's interest **Professional Liability**

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Healthcare Group
Finance Department
1443 Danville Blvd.
Alamo, CA 94507**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Auto Liability and Physical Damage Coverage Contract**

State the term remaining **6 Months**

List the contract number of any government contract _____

**Beta Risk Management Authority
1443 Danville Blvd.
Alamo, CA 94507**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Directors, Officers, and Trustees Liability Coverage Contract Including Healthcare Entity Coverage**

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Risk Management Authority
1443 Danville Blvd.
Alamo, CA 94507**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Healthcare Entity Comprehensive Liability Contract**

State the term remaining **6 months**

List the contract number of any government contract _____

**Beta Risk Management Authority
1443 Danville Blvd.
Alamo, CA 94507**

2.1 State what the contract or lease is for and the nature of the debtor's interest **Mobile Oxygen**

State the term remaining **11 months**

List the contract number of any government contract _____

**Bishop Welding Supply
180 Short Street
Bishop, CA 93514**

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First Name _____ Middle Name _____ Last Name _____

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or
 6. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

State the term remaining **N/A**

Blue Cross
Attn: Cathy Moseley
2121 North California Blvd.
Walnut Creek, CA 94596

List the contract number of
 any government contract _____

2.1 State what the contract or
 7. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

State the term remaining **N/A**

BLUE CROSS
PO BOX 60007
HEALTHY FAMILIES
LOS ANGELES, CA 90060

List the contract number of
 any government contract _____

2.1 State what the contract or
 8. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

State the term remaining **N/A**

BLUE CROSS OF ARIZONA
5810 WEST BELVERLY LANE
Administrative Ent.
GLENDALE, AZ 85306-1800

List the contract number of
 any government contract _____

2.1 State what the contract or
 9. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

State the term remaining **N/A**

BLUE CROSS OF CA
PO BOX 60007
2NDARY
LOS ANGELES, CA 90060

List the contract number of
 any government contract _____

2.2 State what the contract or
 0. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

State the term remaining **N/A**

BLUE CROSS OF CALIFORNIA
PO BOX 1999
MOTION PICTURE INDUSTRY
STUDIO CITY, CA 91614

List the contract number of
 any government contract _____

2.2 State what the contract or
 1. lease is for and the nature
 of the debtor's interest

**Medical Provider
Agreement**

BLUE CROSS-PERS CHOICE
PO BOX 60007
PRUDENT BUYER PLAN-SIH

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Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

LOS ANGELES, CA 90060State the term remaining **N/A**

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**BLUE CROSS/BLU SHIELD-FEP
PO BOX 70000
FEDERAL EMP PROGRAM
VAN NUYS, CA 91470**2.2 State what the contract or lease is for and the nature of the debtor's interest
Medical Provider Agreement
Provider Nos.
**ZZZC1402Z - Acute,
Outpatient, SNF &
Swing**
ZZZ92769Z - Pro Fees
ZZZS9755Z - ClinicState the term remaining **N/A**

List the contract number of any government contract _____

**BLUE SHIELD
PO BOX 1505
BLUECARD PROGRAM
RED BLUFF, CA 96080-1505**2.2 State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**BLUE SHIELD OF CA
PO BOX 272540
CHICO, CA 95912**2.2 State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**Blue Shield of California
Attn: Mary Li
3300 Zinfandel Drive
Rancho Cordova, CA 95670**2.2 State what the contract or lease is for and the nature of the debtor's interest
Medical Provider Agreement**BLUE SHIELD OF CALIFORNIA
P O BOX 272560
CHICO, CA 95927-2560**

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1:16-bk-10015-FEC**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.2 7. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**CALIFORNIA HEALTH & WELLN
PO BOX 4080
FARMINGTON, MO 63640-3835**2.2 8. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**CALIFORNIA MEDICAL DETACH
ATTN: HSHJ-CCD
PRESIDIO OF MONTEREY, CA 93944-5006**2.2 9. State what the contract or lease is for and the nature of the debtor's interest
Copy Machine RentalState the term remaining **60 months**

List the contract number of any government contract _____

**Canon Financial Services
14904 Collections Center Drive
Chicago, IL 60693**2.3 0. State what the contract or lease is for and the nature of the debtor's interest
Physical Therapy MistState the term remaining **N/A**

List the contract number of any government contract _____

**Celleration Inc.
Department CH 19325
Palatine, IL 60055-9325**2.3 1. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider AgreementState the term remaining **N/A**

List the contract number of any government contract _____

**CHAMPVA
PO BOX 469064
DENVER, CO 80246-9064**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3 State what the contract or
2. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A**CHDTP****P O BOX 15503****E.D.S. FEDERAL CORP****SACRAMENTO, CA 95851-1508**List the contract number of
any government contract

2.3 State what the contract or
3. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A**Cigna****Donella Olsen - Contracts Manager****400 Brand Blvd.****Suite 300****Glendale, CA 91203**List the contract number of
any government contract

2.3 State what the contract or
4. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A**Comprehensive Health Services****Attn: Melinda Roxberry-Blankenship****10701 Parkridge Blvd.****Suite 200****Reston, VA 20191**List the contract number of
any government contract

2.3 State what the contract or
5. lease is for and the nature
of the debtor's interest

**Medical Provider
Agreement**

State the term remaining

N/A**DISABILITY EVALUATION DIV****PO BOX 28937****SIERRA BRANCH/V61****FRESNO, CA 93729-8937**List the contract number of
any government contract

2.3 State what the contract or
6. lease is for and the nature
of the debtor's interest

**Skilled Nursing Facility
Physician**

State the term remaining

6 months**Dr. Milton R. Jones****PO Box S****Lone Pine, CA 93545**List the contract number of
any government contract

2.3 State what the contract or
7. lease is for and the nature

Acupuncturist Services**Dr. Steve Chong Luo**
821 Rainwater Lane

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

of the debtor's interest

Walnut, CA 91789State the term remaining **11 months**

List the contract number of any government contract _____

2.3 State what the contract or
8. lease is for and the nature
of the debtor's interest **Propane Tanks and
Service**

State the term remaining

List the contract number of
any government contract _____**Eastern Sierra Propane
104 Sunland Res. Road
Bishop, CA 93514**2.3 State what the contract or
9. lease is for and the nature
of the debtor's interest **Medical Equipment
Purchase Agreement**

State the term remaining

List the contract number of
any government contract _____**Fisher Healthcare
9999 Veterans Memorial Drive
Houston, TX 77038**2.4 State what the contract or
0. lease is for and the nature
of the debtor's interest **Equipment Financing**

State the term remaining

List the contract number of
any government contract _____**General Electric Capital Corporation
20225 Watertower Blvd.
Brookfield, WI 53045**2.4 State what the contract or
1. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**State the term remaining **N/A**List the contract number of
any government contract _____**GOV'T EMPLOYEES HOSP ASSN
PO BOX 4665
INDEPENDENCE, MO 64051-4665**2.4 State what the contract or
2. lease is for and the nature
of the debtor's interest **Medical Provider
Agreement**

State the term remaining

**Government Employees Health Association
Attn: Linda McMurray
PO Box 4665
310 NE Mulberry Street
Lee's Summit, MO 64086**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest
 3. _____ **Management Company Agreement**

State the term remaining **5 years**

List the contract number of any government contract _____
**HCCA
869 N. Cherry Street
Tulare, CA 93274**

2.4 State what the contract or lease is for and the nature of the debtor's interest
 4. _____ **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____
**Health Net
Patrice Holloway - Contract Mgr.
7755 Center Avenue
Suite 800
Huntington Beach, CA 92647**

2.4 State what the contract or lease is for and the nature of the debtor's interest
 5. _____ **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract _____
**Health Net
Attn: Karen Pham
7755 Center Avenue
Suite 800
Huntington Beach, CA 92647**

2.4 State what the contract or lease is for and the nature of the debtor's interest
 6. _____ **Security Agreement**

State the term remaining

List the contract number of any government contract _____
**Healthcare Resource Group, Inc.
6571 Altura Blvd.
Buena Park, CA 90620**

2.4 State what the contract or lease is for and the nature of the debtor's interest
 7. _____ **Patient/Financial Database**

State the term remaining

List the contract number of any government contract _____
**Healthland Inc.
P.O. Box 856554
Trinidad, CA 95570**

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1:16-bk-10015-FEC**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4 State what the contract or
 8. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____**HUMANA MILITARY HEALTH
PO BOX 7032
CAMDEN, SC 29020-7032**

2.4 State what the contract or
 9. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____**HUMANA MILITARY HEALTHCARE
PO BOX 8976
TRICARE REGION 13
MADISON, WI 53707-8976**

2.5 State what the contract or
 0. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____**INTER VALLEY HEALTH PLAN
PO BOX 6002
PAMONA, CA 91769**

2.5 State what the contract or
 1. lease is for and the nature
 of the debtor's interest **Laboratory Service
Agreement**

State the term remaining

List the contract number of
 any government contract _____**Johnson and Johnson
PO Box 406663
Atlanta, GA 30384-6663**

2.5 State what the contract or
 2. lease is for and the nature
 of the debtor's interest **Pathologist Services**

State the term remaining

List the contract number of
 any government contract _____**Kenneth L Saeger MD
Attn: Mindi Osman
9788 Wexford Circle
Granite Bay, CA 95746**

2.5 State what the contract or
 3. lease is for and the nature
 of the debtor's interest **Medical Equipment
Purchase Agreement**

**Laboratory Specialists Int'l
4834 Crestwood Court
Santa Maria, CA 93455**

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Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.5 State what the contract or lease is for and the nature of the debtor's interest
 4. **Equipment Lease**
Debtor is Lessee

State the term remaining **57 months**

List the contract number of any government contract

Leasing Associates of Barrington, Inc.
220 North River Street
Dundee, IL 60118

2.5 State what the contract or lease is for and the nature of the debtor's interest
 5. **Medical Provider Agreement**

State the term remaining **N/A**

List the contract number of any government contract

MARINE DIVISION
1 MAR DIV
ATTN CO AID ST
RECON CO HQBN
CAMP PENDLETON, CA 92055

2.5 State what the contract or lease is for and the nature of the debtor's interest
 6. **Lease No.**
001-1260018-001
Debtor is/was Lessee

State the term remaining

List the contract number of any government contract

Marlin Leasing Corp.
300 Fellowship Road
Mount Laurel, NJ 08054

2.5 State what the contract or lease is for and the nature of the debtor's interest
 7. **Medical Provider Agreement**
Medical Provider Nos.
ZZT30388F - Acute
ZZT40388F - Outpatient
LTCSS5527F - LTC
MTN01039F -
Transportation
RHM18511F - Rural
Health Clinic

State the term remaining **N/A**

List the contract number of any government contract

MEDI-CAL
PO BOX 15600
SACRAMENTO, CA 95852

2.5 State what the contract or lease is for and the nature of the debtor's interest
 8. **Medical Provider Agreement**

MEDI-CAL L.A. CARE
PO BOX 570590
TARZANA, CA 91357

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Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining **N/A**

List the contract number of any government contract _____

2.5 State what the contract or
9. lease is for and the nature
of the debtor's interest
**Medical Provider
Agreement**State the term remaining **N/A**

List the contract number of any government contract _____

**MEDICAL FAMILY PACT
PO BOX 942732
SACRAMENTO, CA 94234-7320**2.6 State what the contract or
0. lease is for and the nature
of the debtor's interest
**Medical Provider
Agreement****MEDICARE RAILROAD
1301 CLAY ST
OAKLAND FED BLD
#392N
OAKLAND, CA 94612**State the term remaining **N/A**

List the contract number of any government contract _____

2.6 State what the contract or
1. lease is for and the nature
of the debtor's interest
**Medical Provider
Agreement
Provider Nos.
05-1302 Critical Access
Acute & Outpatient
05-Z302 Critical Access
Swing Bed
55-5527 Skilled Nursing
05-8511 Rural Health
Clinic****MEDICARE/NORIDIAN
PO BOX 6770
FARGO, ND 58108-6770**State the term remaining **N/A**

List the contract number of any government contract _____

2.6 State what the contract or
2. lease is for and the nature
of the debtor's interest
**Contract for Email
Services****Microsoft Corp
P.O. Box 842103
Dallas, TX 75282-2103**

State the term remaining

List the contract number of any government contract _____

2.6 State what the contract or
3. lease is for and the nature
of the debtor's interest
**Medical Provider
Agreement****MSP
PO BOX 1528**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

of the debtor's interest

AUGUSTA, GA 30903-1528State the term remaining N/A

List the contract number of any government contract _____

2.6 4. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining N/A**NAVAL OFFICE OF MEDICAL
PO BOX 886999
OFFICER IN CHARGE
GREAT LAKES, IL 60088-6999**

List the contract number of any government contract _____

2.6 5. State what the contract or lease is for and the nature of the debtor's interest **SIHD Attorney**

State the term remaining

**Nave & Cortell LLP
4580 E. Thousand Oaks
Suite 300
Thousand Oaks, CA 91362**

List the contract number of any government contract _____

2.6 6. State what the contract or lease is for and the nature of the debtor's interest **Radiology PACS**

State the term remaining

**Novarad Corporation
752 E. 1180 S.
Suite 200
American Fork, UT 84003**

List the contract number of any government contract _____

2.6 7. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**State the term remaining N/A**PACIFICARE
PO BOX 6006
ADMIN. SERVICES DIVISION
CYPRESS, CA 90630-0006**

List the contract number of any government contract _____

2.6 8. State what the contract or lease is for and the nature of the debtor's interest **Consulting Agreement****Petrak & Associates, Inc.
c/o Derek F. Petrak
2255 Morello Avenue
Suite 201
Pleasant Hill, CA 94523**State the term remaining 7 months

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____

2.6 9. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider Agreement

State the term remaining **N/A**

List the contract number of any government contract _____
**PGBA
P O BOX 870006
SURFSIDE BEACH, SC 29587-8706**

2.7 0. State what the contract or lease is for and the nature of the debtor's interest
Liquid Nitrogen Service

State the term remaining

List the contract number of any government contract _____
**Praxair Distribution, Inc.
Dept LA 21511
Pasadena, CA 91185**

2.7 1. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider Agreement

State the term remaining **N/A**

List the contract number of any government contract _____
**PREFERRED IPA OF CA
PO BOX 4449
CHATSWORTH, CA 91313**

2.7 2. State what the contract or lease is for and the nature of the debtor's interest
Medical Provider Agreement

State the term remaining **N/A**

List the contract number of any government contract _____
**REGENCE BLUE SHIELD
PO BOX 30271
SALT LAKE CITY, UT 84130**

2.7 3. State what the contract or lease is for and the nature of the debtor's interest
Patient Claim Clearinghouse

State the term remaining

List the contract number of any government contract _____
**Relayhealth, Inc.
P.O. Box 98347
Chicago, IL 60693**

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State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.7 State what the contract or
 4. lease is for and the nature
 of the debtor's interest

**Agreement for Staff
 Education/online
 training/in-services
 Term: 60 months
 Expiration date: June
 12, 2019**

State the term remaining

42 monthsList the contract number of
 any government contract**Relias Learning, LLC
 Department CH 16894
 Palatine, IL 60055**

2.7 State what the contract or
 5. lease is for and the nature
 of the debtor's interest

State the term remaining

Radiologist GroupList the contract number of
 any government contract**Renaissance Imaging Medical Assoc Inc.
 P.O. Box 190
 Simi Valley, CA 93062**

2.7 State what the contract or
 6. lease is for and the nature
 of the debtor's interest

State the term remaining

**Medical Provider
 Agreement****N/A**List the contract number of
 any government contract**SECURE HORIZONS
 PO BOX 52078
 PHOENIX, AZ 85072-2078**

2.7 State what the contract or
 7. lease is for and the nature
 of the debtor's interest

State the term remaining

**Medical Provider
 Agreement****N/A**List the contract number of
 any government contract**SECURE HORIZONS PACIFICARE
 PO BOX 489
 CYPRESS, CA 90630-0489**

2.7 State what the contract or
 8. lease is for and the nature
 of the debtor's interest

State the term remaining

**Equipment Lease
 Agreement
 Debtor is Lessee**List the contract number of
 any government contract**Siemens Financial Services, Inc.
 aka: Siemens Diagnostics Financing Co.,
 3850 Quadrangle Blvd.
 MS AFS 466
 Orlando, FL 32817**

2.7 State what the contract or
 9. lease is for and the nature
 of the debtor's interest

Fire Alarm System**Sierra Security Systems, Inc.
 P. O Box 1206
 Bishop, CA 93515**

Debtor 1 Southern Inyo Healthcare District

First Name

Middle Name

Last Name

Case number (if known)

1:16-bk-10015-FEC**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.8
0. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

List the contract number of any government contract

**SISC III-SECONDARY
PO BOX 80308
SALINAS, CA 93912**

2.8
1. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

List the contract number of any government contract

**STATE OF CALIFORNIA
P O BOX 942732
DEPARTMENT OF HEALTH SERV
SACRAMENTO, CA 94234-7320**

2.8
2. State what the contract or lease is for and the nature of the debtor's interest

Software License

State the term remaining

List the contract number of any government contract

**T System, Inc.
Dept. 2537
P.O. Box 122537
Dallas, TX 75312**

2.8
3. State what the contract or lease is for and the nature of the debtor's interest

Medical Provider Agreement

State the term remaining

List the contract number of any government contract

**TOIYABE INDIAN HEALTH SVC
52 TUSU LANE
INDIAN HEALTH SERVICES
BISHOP, CA 93514**

2.8
4. State what the contract or lease is for and the nature of the debtor's interest

Service Contract on Laboratory Equipment

State the term remaining

List the contract number of

**Tosoh Bioscience, Inc.
P.O. Box 712415
Cincinnati, OH 45271**

Debtor 1 Southern Inyo Healthcare DistrictCase number (if known) 1:16-bk-10015-FEC

First Name _____ Middle Name _____ Last Name _____

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

any government contract _____

2.8 State what the contract or
 5. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____
**TRICARE
PO BOX 7065
CAMDEN, SC 29021-7065**

2.8 State what the contract or
 6. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____
**TRICARE WEST REGION
PO BOX 7064
CAMDEN, SC 29021-7064**

2.8 State what the contract or
 7. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____
**TriStar Managed Care
Attn: Candice Willis
PO Box 10220
Santa Ana, CA 92711-1967**

2.8 State what the contract or
 8. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **3 months**List the contract number of
 any government contract _____
**UNITED HEALTH MILITARY & VETERANS
SERVICES, LLC
ATTN: REGAN RISTICH
2222 W. DUNLAP AVE.
PHOENIX, AZ 85021**

2.8 State what the contract or
 9. lease is for and the nature
 of the debtor's interest **Medical Provider
Agreement**

State the term remaining **N/A**List the contract number of
 any government contract _____
**United Healthcare
Attn: Corey Kirichkow
5757 Place Drive
Cypress, CA 90630**

2.9 State what the contract or **Medical Provider**

United Healthcare

Debtor 1 Southern Inyo Healthcare District

First Name

Middle Name

Last Name

Case number (if known)

1:16-bk-10015-FEC**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

0. lease is for and the nature of the debtor's interest **Agreement**

**Attn: Sherie Lovell
8880 Cal Center Drive
Suite 300
Sacramento, CA 95826**

State the term remaining **N/A**

List the contract number of any government contract _____

2.9 1. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**UNITED HEALTHCARE
PO BOX 10066
RAILROAD MEDICARE
AUGUSTA, GA 30999**

State the term remaining **N/A**

List the contract number of any government contract _____

2.9 2. State what the contract or lease is for and the nature of the debtor's interest **Medical Provider Agreement**

**VICTIMS OF CRIME
PO BOX 3036
STATE BOARD OF CONTROL
SACARAMENTO, CA 95812-3036**

State the term remaining **N/A**

List the contract number of any government contract _____